

Early Intensive Developmental and Behavioral Intervention (EIDBI) Benefit for children with autism or related conditions

March 2nd, 2016 Information Session

Presented by: Minnesota Department of Human Services EIDBI Operations Team



EIDBI Information Session Objectives

- Participants will understand:
 - What the EIDBI benefit is
 - Recipient Eligibility
 - Covered Services
 - Medical Necessity Determination
 - Policies and Procedures
 - Provider Qualifications and Enrollment Process
 - Managed Care Organizations



What is Autism?

- Complexity and Controversy
- An emerging science as the cause of Autism is unknown and there is no cure



- Minnesota currently covers many services for children with autism, including Children's Therapeutic Services and Supports (CTSS) and a variety of services available through the home and community-based services waivers, speech therapy, occupational therapy and others.
- Unlike the EIDBI benefit, none of these services have been specifically designed to serve children with an autism spectrum disorder.



Overview of EIDBI Benefit

- Passed into law in 2013
 - Statute: 256B.0949 Autism Early Intensive Intervention Benefit
- Became a required healthcare benefit under Early and Periodic Screening Diagnosis and Treatment (EPSDT)
- Provides medically necessary intensive treatment for ASD and related conditions
- Designed to address or treat functional skills and core developmental deficits of children



When will EIDBI be available to children and families?

- Implementation began July 1, 2015 with enrollment of new providers
- The pool of qualified EIDBI providers is growing however there remains a shortage of qualified providers across MN. Other states face the same shortage issues
- While the benefit becomes fully available, children may continue to receive similar services called, “skills training” currently provided by Children Therapeutic Services and Supports. (CTSS)



What is unique about Minnesota's EIDBI Benefit?

- Prioritizes early intervention but provides intensive treatment
- Offers parent training and counseling
- Provides a range of autism specific treatment approaches and methodologies



What is unique about Minnesota's EIDBI Benefit?

- Recognizes the need to learn which treatment modality, intensity, frequency and duration work best for which children, at what age and in what doses
- Includes a research component to study the outcomes, expand evidentiary basis for best practices and inform policies for ASD-specific diagnostics and treatment



Criteria for DHS approved Treatment Modalities

- Based on recognized principles of developmental and behavioral science
- Developmentally appropriate, highly structured, targeted goals
- Provide intensity with a high adult to child ratio
- Regularly evaluated and adjusted as needed
- Cause no harm to the child or family
- Demonstrate level of evidentiary basis



Examples of DHS Approved Treatment Modalities

- Applied Behavioral Analysis (ABA)
- Developmental Individual-differences Relationship-based model (DIRFloortime)
- Relationship Development Intervention (RDI)
- Early Start Denver Model (ESDM)
- P.L.A.Y Project



What does the EIDBI Benefit Include?

- Comprehensive Multi-Disciplinary Evaluation (CMDE)
- Individual Treatment Plan (ITP) Development and Monitoring
- Coordinated Care Conference
- EIDBI Interventions
- Intervention Observation and Direction
- Family/Caregiver Training and Counseling



Comprehensive Multi-Disciplinary Evaluation (CMDE)

- is conducted by a qualified mental health professional
- must include information from a licensed medical professional
- reviews and incorporates
 - diagnostic assessment information
 - assessments administered by other professionals
- Recommends medically necessary intensive EIDBI interventions



Medical Necessity Determination

EIDBI eligibility criteria:

- Symptoms present in the early developmental period (may not become fully manifest until later age)
- Treatment focuses on primary diagnosis of autism spectrum disorder or related condition



Individualized Treatment Plan (ITP) must include

- Functional, developmentally appropriate goals
- Treatment modality
- Treatment intensity, frequency and duration
- Treatment setting
- Treatment goals and methods to support these
- Amount of time needed for each level of treating provider
- Amount and type of parent/caregiver training preferred
- Discharge criteria



Individualized Treatment Plan (ITP)

- Coordinates and integrates information from the CMDE to inform and develop the ITP
- Must reflect the values, goals, preferences culture and language of the child's family



Person-Centered Planning (PCP)

- The CMDE (independent evaluation) is central to the person-centered planning and Individual Service Plan (ISP) development process.
- The ITP is the plan of care developed with the parent/caregiver. It summarizes the needs and recommendations from the CMDE and other related services and assessments.
- PCP is a dynamic process that is revised based on changing needs of child and family.



Coordinated Care Conference

An option requested by the parent or legal guardian to bring together the team of professionals that work with the child and family to:

- Coordinate and integrate information from the initial and annual CMDE and across providers and service delivery systems
- Describe treatment options and expectations across service settings
- Develop and/or review the initial, annual and progress monitoring individual treatment plan (ITP) including progress toward goals with the family
- Ensure that the parent/primary caregiver understands and agrees with the results and proposed treatment plan



Intervention

Observation and Direction

- Face-to-face clinical direction and oversight by a qualified EIDBI provider to a lower level provider
- For the direct benefit of and to maximize the benefit of EIDBI for the child
- Informs any modifications needed to support the accomplishment of outcomes in the ITP



Family/Caregiver Training and Counseling

- Specialized training and education provided to a family/caregiver to assist with the child's needs and development
- Provides observation, instruction and training to the family/caregivers on the child's developmental status as well as techniques and strategies to promote the child's development



Services Not Covered

- A service not identified in the child's approved individual treatment plan
- A service provided by a parent, legal guardian or legally responsible person
- A service that is primarily respite, custodial, educational or daycare



Services Not Covered

- Services that include or replace academic goals and objectives that otherwise are provided through the child's individual education plan or individual family service plan
- Any other service that does not fall under EIDBI covered services definitions



Who is eligible for EIDBI Services?

- Children from birth up to but not including age 21 years
- On Medical Assistance including MA managed care and MA-TEFRA
- Have autism spectrum disorder (ASD) or a related condition
- Meet medical necessity as determined through a Comprehensive Multi-Disciplinary Evaluation (CMDE)



Referral for EIDBI services

Children can be referred for a Comprehensive Multi-Disciplinary Evaluation by anyone

- Parents
- Child care workers
- Teachers
- Medical professionals
- Social Workers
- Case Managers & Counties



EIDBI Eligibility Criteria

- Symptoms present in the early developmental period but may not become fully manifest until later age
- Treatment focuses on a primary diagnosis of ASD or a related condition
- Symptoms are not primarily attributable to mental illness or emotional disturbance
- Child is medically stable and does not require 24-hour medical nursing monitoring or procedures



EIDBI Eligibility Criteria

- Condition is severe and chronic
- Results in substantial functional limitations in three core deficits of autism spectrum disorder and includes impairment of adaptive behavior similar to that of persons with autism spectrum disorder
- Cause clinically significant impairment in social or functional participation such that typical family/community activities are regularly disrupted or unmanageable,



EIDBI Eligibility Criteria

- Behaviors persist in frequency, intensity and duration across environments and either:
 - Present a health or safety risk to self or others
or
 - Child is under age 3, has risk factors for ASD and shows signs of core deficits of ASD, but has not yet been diagnosed



EIDBI Eligibility Criteria

May also include impairment in one or more of the following developmental skill domains:

- 1) sensory regulation
- 2) self-care
- 3) behavioral regulation
- 4) expressive communication
- 5) receptive communication
- 6) cognitive functioning
- 7) safety
- 8) level of support needed



EIDBI Eligibility Criteria

Related conditions include but are not limited to:

- Asperger's syndrome
- Pervasive developmental disorder-not otherwise specified
- Fetal alcohol spectrum disorder
- Rhett's syndrome and autism related diagnosis as identified under the DSM IV.

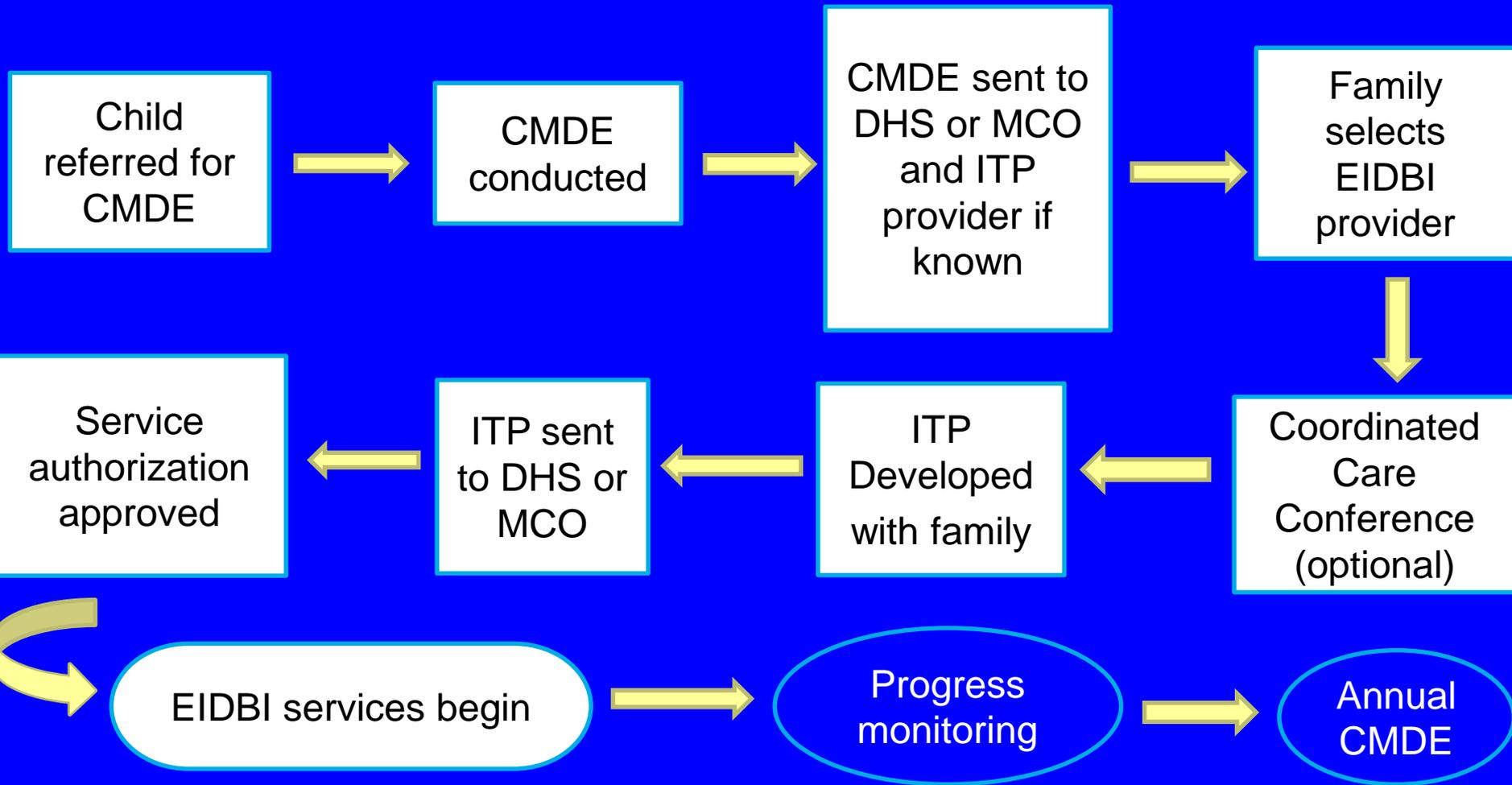


EIDBI Eligibility Criteria

- Based upon the CMDE, the child requires 10 or more hours a week of early intensive developmental and behavioral intervention.
- Less intensive options have been considered and there is a reasonable expectation on the part of the qualified Comprehensive Multi-Disciplinary Evaluation (CMDE) professional that the core functional deficits will improve with EIDBI.
- Clinical judgment of the qualified CMDE professional that the child has autism spectrum disorder (ASD) or a related condition for which EIDBI services are determined to be medically necessary as therapeutically appropriate



Pathway to EIDBI Services



Evaluation/Re-Evaluation

- Initial eligibility for EIDBI will be determined by a Comprehensive Multi-Disciplinary Evaluation (CMDE) to identify child needs and medical necessity for intensive interventions
- Documentation of the child's progress toward goals and objectives
- Evaluated every six months or more frequently as specified in the Individual Treatment Plan (ITP)
- ITP is revised as needed to document on-going medical necessity for EIDBI treatment



Criteria for Request for Change in EIDBI Intensity

1. Child is starting school
2. Child is transitioning from EIDBI to other services
3. Increase or decrease in other related services
4. Increase or decrease in EIDBI intensity is recommended by the qualified supervising professional



Criteria for Request for Change in EIDBI Intensity

5. Child received the recommended treatment amount and progress was not made. Provider requests a 60-day temporary increase in service to determine if an increase allows for improved treatment outcomes.
6. Significant change in the family
7. Parent/primary caregiver requests a change in intensity



Discharge Criteria

- Child has achieved maximum benefit from EIDBI and less intensive modes are indicated
- Child no longer meets EIDBI medical necessity criteria
- Treatment makes symptoms persistently worse
- Child is not making progress as demonstrated by the absence of any sustainable, measureable and generalized improvement



Discharge Criteria

- No signs of measureable progress within 6 months of treatment and adjustments in treatment plan have been tried
- No reasonable expectation of progress as documented through data collection and other assessment tools
- Change in child's condition indicates that EIDBI is no longer appropriate



Policies and Procedures



EIDBI Recipient Rights

A child or the legal representative has the right to:

- Participate in the development and evaluation of the services provided to the child
- Have services provided in a manner that respects and takes into consideration the culture, language, values, religion and preferences of the child or their legal representative
- Know conditions and terms for provision of services, including the provider agency's admission criteria and policies and procedures related to temporary service suspension and service termination



EIDBI Recipient Rights Continued

A child or the legal representative has the right to:

- Know, in advance, limits to the services available from the provider agency, including the provider agency's knowledge, skills, and ability to meet the child's service and support needs
- A coordinated transition plan which includes at least 30 days of continued service from the same provider; from the notice of transition date and ensured continuity of care when there will be a change in the provider
- Work collaboratively with the provider agency in developing a transition plan if the child will no longer be served by that agency



EIDBI Provider Responsibilities

- Exercise and protect the client's rights
- Ensure services are child and family-centered
- Reflect the values, preferences, culture and language of the child and family



EIDBI Provider Responsibilities

- Provide complete and current information in plain language and in a manner that takes into consideration the language, culture, values, religion and preferences of child and family
- Allows people to make informed decisions concerning diagnoses, treatment, alternatives considered and possible risks of services
- Have a written policy that identifies steps to resolve issues



EIDBI Provider Responsibilities

- Use interpreters that are professional, fluent in both languages and knowledgeable of early intervention, ASD and related conditions terminology
- Provide notice as soon as possible when issues arise about provision of EIDBI services or when a transition is needed



EIDBI Health and Safety Requirements

- EIDBI provider agencies must have and carry out written health and safety policies for their center-based services which are at least as strict and comprehensive as the policies in the EIDBI policy guide



EIDBI Health and Safety Requirements

The following components of health and safety must be addressed:

- Condition of indoor and outdoor environment, equipment and furniture
- Emergency preparedness
- Food and water
- Health information at admission and updates
- Sick child
- Medicine administration
- Toileting and diapering policies
- Pets



EIDBI Administrative Policies

The provider agency must have policies which include:

- Cultural competence
- Criminal background checks
- Fiscal procedures and staff time accountability
- Staff backup coverage
- Staff orientation
- Client records and service documentation



MHCP Provider Directory

- Accessing the Minnesota Health Care Program Provider Directory
 - <http://mhcpproviderdirectory.dhs.state.mn.us/>



Provider Qualifications and Enrollment with Minnesota Health Care Programs



EIDBI Provider Categories

- CMDE
- EIDBI Agency employs or contracts with:
 - Qualified Supervisor Professional
 - Individual Level I Provider
 - Individual Level II Provider
 - Individual Level III Provider



EIDBI Provider Enrollment Forms Fee-for-Service

■ [EIDBI Provider Enrollment Page \(Click\)](#)

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Early Intensive Developmental and Behavioral Intervention (EIDBI) Provider Enrollment

[Date: 02-04-2016](#)

[Enrollment Processing Timelines](#)
[Ongoing Reporting Requirements](#)
[MHCP Data Privacy Notice \(DHS-6297\) \(PDF\)](#)

Enrollment for EIDBI Providers

CMDE Providers

Follow these steps to enroll as an EIDBI comprehensive multi-disciplinary evaluation (CMDE) provider.

1. Complete and fax the following to MHCP Provider Enrollment at 651-431-7462:
 - [MHCP Individual Practitioner – Provider Enrollment Application \(DHS-4016\) \(PDF\)](#)
 - [Minnesota Department of Human Services Provider Agreement \(DHS-4138\) \(PDF\)](#)
 - [EIDBI Assurance Statement for Comprehensive Multi-Disciplinary Evaluation \(CMDE\) Providers \(DHS-7120A\) \(PDF\)](#)
- Proof showing you are qualified to provide EIDBI services, including but not limited to the following:
 - Copies of licenses
 - Certifications
 - Diplomas

2. Establish your [Direct Deposit and Electronic Funds Transfer](#)

MHCP providers adding CMDE services

To add CMDE services to your current enrollment record, complete and fax the following to MHCP Provider Enrollment:

- [EIDBI Assurance Statement for Comprehensive Multi-Disciplinary Evaluation \(CMDE\) Providers \(DHS-7120A\) \(PDF\)](#)
- Proof showing you are qualified to provide EIDBI services, including but not limited to the following:
 - Copies of licenses
 - Certifications
 - Diplomas



Tips for EIDBI Provider Enrollment

- NPI numbers vs UMPI numbers
- Qualified Supervisor Professional applications should be submitted with the EIDBI Agency forms
- EIDBI Agency needs to make sure to add the QSP on their list of affiliated employees with their Application
- Fee for service provider enrollment vs Managed Care Organization (Pre-paid Health Plan) provider enrollment



EIDBI Agency Requirements

EIDBI provider agencies must:

- Have administrative and clinical policies and procedures that establish authority and accountability for decision making and oversight of functions, including finance, personnel, staff training, system management, clinical practice, and performance measurement
- Meet the EIDBI agency policies and procedures as defined in the EIDBI Policy Guide



CMDE Provider Qualifications

Be a licensed mental health professional ***and***

- Have at least 2,000 hours of clinical experience in evaluation and treatment of children with ASD, or documented equivalent graduate course work in the content areas of ASD diagnosis, ASD treatment strategies and child development



CMDE Provider Qualifications

Be a licensed mental health professional ***and***

- Be able to diagnose and/or provide treatment;
- Work within their licensed scope of practice;
and
- *Not be the same professional who delivers or supervises the child's direct treatment. ***



Qualified Supervising Professional (QSP) Qualifications

Be a licensed mental health professional and work within their licensed scope of practice;
and

- have at least 2,000 hours of clinical experience in evaluation and treatment of children with ASD, or documented equivalent graduate course work in the content areas of ASD diagnosis, ASD treatment strategies and child development



EIDBI Supervision Requirements

- All EIDBI services must be provided by or under the clinical supervision of a QSP who assumes full professional responsibility for all EIDBI services provided
- EIDBI Agencies must have clinical supervision policies which are at least as strict and comprehensive as the Behavior Analyst Certification Board standards



Supervision Terminology

- “Supervision” – a term used by the BACB to describe a broad range of supervision activities
- “Clinical supervision” – defined by the professional licensing boards and EIDBI policy
- “Observation and direction” – a billable EIDBI service which includes elements of supervision and clinical supervision



Individual Level I Provider Qualifications

All Individual Level I providers must:

- Have at least 2,000 hours of clinical experience and/or training in the examination and/or treatment of children with ASD

or

- Documented equivalent doctoral or graduate course work by an accredited university in the content areas of; ASD diagnosis, ASD developmental and behavioral treatment strategies and typical child development



Additional Individual Level I Provider Qualifications

or

- Equivalent documented coursework at the bachelor level by an accredited college in the areas of behavioral health, child development or one of the allied fields

and

- Certified in one of the DHS-recognized treatment modalities.



Individual Level II Provider Qualifications

All Individual Level II providers must:

- Have at least 2,000 hours of clinical experience and/or training in the examination and/or treatment of children with ASD
- and*
- Equivalent documented coursework at the bachelor level by an accredited college in the areas of behavioral health, child development or one of the allied fields



Individual Level II Provider Qualifications

Alternative experience and training:

- Be fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong ***and*** meet the Department's ASD specific training requirements;

and

- Must also receive observation and direction from a QSP or Level I Professional at least once a week until the requirement of 2,000 hours of supervised experience is met.



Additional Individual Level II Provider Qualifications

Or

- Equivalent documented coursework at the bachelor level by an accredited college in the areas of behavioral health, child development or one of the allied fields

and

- Certified in one of the DHS-recognized treatment modalities.



Additional Level II Provider Qualifications

Or one of the following requirements:

- Associate degree in one of the behavioral or child development sciences or allied fields **and** at least 4,000 hours of supervised clinical experience in the delivery of treatment to children with ASD
- At least 6000 hours of supervised clinical experience delivering treatment to children with Autism. Hours worked as a behavioral aide, personal care attendant or developmental/behavioral support specialist may be included in the required hours of experience
- Graduate student in behavioral sciences, child development sciences, or one of the allied fields and is formally assigned by an accredited college or university to an agency or facility for clinical training with children with ASD



Individual Level III Providers - Developmental and Behavioral Support Specialist (DBSS) Qualifications

All DBSS must:

- Be at least 18 years old;
- Meet the Department's ASD specific training requirements *and*
- Have a high school diploma or general equivalency diploma (GED) *or*



Individual Level III Providers - Developmental and Behavioral Support Specialist (DBSS) Qualifications

Alternatives to high school diploma:

- Be fluent in the non-English language of the ethnic group to which at least 50 percent of the practitioner's clients belong; *or*
- Have 4000 hours of experience equivalent to 2 years as a primary caregiver to a child with autism spectrum disorder within the previous five years; *or*
- Be a Registered Behavior Technician (RBT) as defined by the Behavior Analyst Certification Board



EIDBI Enrollment Process

Fee-For-Service

- All qualified EIDBI agencies must:
 - Meet agency EIDBI provider standards
 - Complete the provider assurance enrollment forms
 - Assure that all EIDBI agency staff meet required standards; *and*
 - Ensure that staff complete the EIDBI required DBSS training and Multi-Cultural Competence Training within 6 months of EIDBI provider enrollment



EIDBI Enrollment Process

Fee-For-Service

- All individual EIDBI providers must:
 - Meet the individual EIDBI provider qualifications
 - Complete the provider assurance enrollment forms



Federal Provider Enrollment Screening Requirements

- Medicare & All State Medicaid Programs
- Providers enrolling with MHCP for Fee-For-Service (FFS)
- Applies to:
 - New Enrollments
 - Re-enrollments (reinstatements)
 - Revalidation – every five years for all other providers



Screening Requirements

- Fees
- Ongoing review and updates of provider enrollment documentation
- Verification against databases
- Risk Levels Assignments
- Site Visits
- Criminal Background Studies (BGS) – Fingerprints



MHCP Provider Screening

Fee Requirement

- May change each calendar year
- Required for each provider file when applicable, unless paid to and still enrolled, with another state's Medicaid or Medicare program for that same location and same services provided
- Applies to:
 - Institutional Providers (Groups)
 - Providers using FEIN when enrolling (with exceptions noted below)
- Not Required:
 - Physicians
 - Non-Physician Practitioners
 - Individuals - Using SSN when enrolling



Data Base Verifications

- Medicare's Provider Enrollment Chains and Ownership System (PECOS)
- All States - Medicare & Medicaid Provider Termination Lists
 - CMS collects data from its own program and from all states Medicaid programs of providers terminated “for cause”.
 - States required to verify every provider enrolled against the provider termination lists supplied by CMS.
- Other Required Data Bases (Federal Exclusions, Social Security Death Master Index, etc.)



MHCP Provider Screening: Risk Level

- States follow Medicare Risk Levels
- Each State assigns risk levels for non-Medicare enrolled providers by provider type
- Risk Levels:
 - 1 = Limited (Low) Risk Provider
 - 2 = Moderate (Medium) Risk Provider
 - 3 = High Risk Provider



Additional Screening Actions Based on Provider Risk Level

- **Limited** – verify entity and its controlling individuals against multiple databases, verify licenses and other state provider requirements, verify status of provider's enrollment with other states' Medicare and Medicaid programs.
- **Moderate** – all above and random unannounced site visit at each practice location
- **High** – all above and requires fingerprint background studies of all with a 5% or more interest (once implemented)



Risk Level Reassignment

- MHCP reassigns a risk level to a provider entity if another state Medicare or Medicaid program assigned a higher level for that specific provider.
- Automatic Reassignment to High Risk
 - A payment suspension is imposed because of a credible allegation of fraud, waste or abuse
 - The provider has an existing Medicaid overpayment
 - The provider has been excluded by the OIG or a state's Medicaid program within the last 10 years
 - If enrolling six months following a CMS issued moratorium of a provider type



Site Visits

- Required for all moderate and high risk providers
- Required at each practice location
- Visits are unannounced
- MHCP must complete a site visit unless already been done and passed through MHCP or another state's Medicare or Medicaid program within the last 12 months and the practice location and ownership information is the same as it was at the time of that site visit.



New Enrollment/Reenrollment - Site Visits

Moderate and High Risk Providers

- Pre-enrollment:
 - Before enrollment becomes active
 - Referred after enrollment paperwork completed and processed
 - Random/ Unannounced visit at the provider's practice location
 - Ensures provider is set up as a valid business and verifies the information reported to provider enrollment
 - Occurs within 60 days of referral from provider enrollment
- Post enrollment Site visit
 - Occurs within the year following enrollment activation



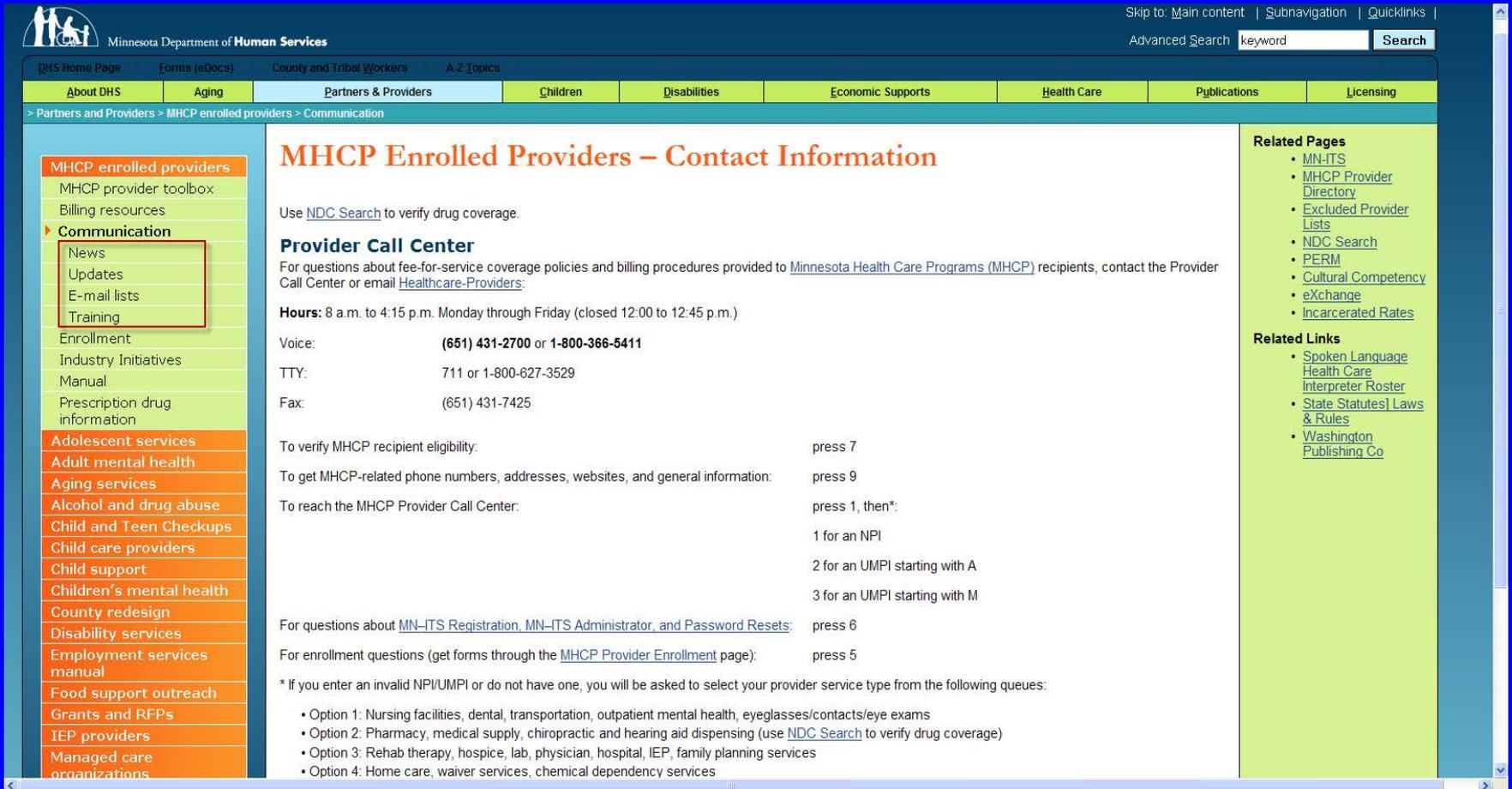
Revalidation - Site Visit

Moderate and High Risk Providers

- Required for most currently enrolled, active providers to maintain enrollment
- Can occur at anytime before the next revalidation
- Required at least every 5 years for all currently enrolled FFS providers



Communication Links



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MHCP Enrolled Providers – Contact Information

Use [NDC Search](#) to verify drug coverage.

Provider Call Center

For questions about fee-for-service coverage policies and billing procedures provided to [Minnesota Health Care Programs \(MHCP\)](#) recipients, contact the Provider Call Center or email [Healthcare-Providers](#):

Hours: 8 a.m. to 4:15 p.m. Monday through Friday (closed 12:00 to 12:45 p.m.)

Voice: (651) 431-2700 or 1-800-366-5411
TTY: 711 or 1-800-627-3529
Fax: (651) 431-7425

To verify MHCP recipient eligibility: press 7
To get MHCP-related phone numbers, addresses, websites, and general information: press 9
To reach the MHCP Provider Call Center: press 1, then*:
1 for an NPI
2 for an UMPI starting with A
3 for an UMPI starting with M

For questions about [MN-ITS Registration](#), [MN-ITS Administrator](#), and [Password Resets](#): press 6
For enrollment questions (get forms through the [MHCP Provider Enrollment](#) page): press 5

* If you enter an invalid NPI/UMPI or do not have one, you will be asked to select your provider service type from the following queues:

- Option 1: Nursing facilities, dental, transportation, outpatient mental health, eyeglasses/contacts/eye exams
- Option 2: Pharmacy, medical supply, chiropractic and hearing aid dispensing (use [NDC Search](#) to verify drug coverage)
- Option 3: Rehab therapy, hospice, lab, physician, hospital, IEP, family planning services
- Option 4: Home care, waiver services, chemical dependency services

Related Pages

- [MN-ITS](#)
- [MHCP Provider Directory](#)
- [Excluded Provider Lists](#)
- [NDC Search](#)
- [PERM](#)
- [Cultural Competency](#)
- [eXchange](#)
- [Incarcerated Rates](#)

Related Links

- [Spoken Language Health Care Interpreter Roster](#)
- [State Statutes| Laws & Rules](#)
- [Washington Publishing Co](#)

MHCP enrolled providers

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- Billing resources
- Communication**
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 - Updates
 - E-mail lists
 - Training
- Enrollment
- Industry Initiatives
- Manual
- Prescription drug information
- Adolescent services
- Adult mental health
- Aging services
- Alcohol and drug abuse
- Child and Teen Checkups
- Child care providers
- Child support
- Children's mental health
- County redesign
- Disability services
- Employment services manual
- Food support outreach
- Grants and RFPs
- IEP providers
- Managed care organizations



MHCP Provider Call Center

651-431-2700 or 1-800-366-5411

- Option 1 – Provider Help Desk
- Option 5 – Provider Enrollment
- Option 6 – MN-ITS Administration Only
- Option 7 – EVS Eligibility
- Option 9 – MHCP & General Information

Check your provider home page, the latest Manual revisions, and Provider News for updated MHCP coverage policy and billing procedures.



EIDBI Training Homepage



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MHCP enrolled providers

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Adolescent services

Adult mental health

Aging services

Alcohol and drug abuse

Child and Teen Checkups

Child care providers

Child support

Children's mental health

County performance

Disability services

Employment services manual

Food support outreach

Grants and RFPs

IEP providers

Early Intensive Developmental Behavioral Intervention (EIDBI) Training

MHCP is offering the following informational training sessions for EIDBI Services to the public.

Agenda

We will cover the following topics during each session:

- Program Overview
- Policy and Procedures
- Medical Necessity Criteria
- Provider Enrollment and Process
- Prior Authorization Process and Billing
- Managed Care Organizations

Training Dates and Times

The following sessions will take place at the Elmer L. Andersen Building, 540 Cedar Street, St. Paul, MN 55101 in room 2370. MHCP offers each, both as in-person and webinar sessions.

UPDATE: We have changed the training times due to additional topics. The trainings will be combined with non-CTSS and CTSS providers.

Live, In-person

- Friday, June 19, 2015, 8:30 a.m. – 4:00 p.m.
- Monday, June 22, 2015, 8:30 a.m. – 4:00 p.m.

Related Pages

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- [Hospital Presumptive Eligibility](#)

Related Links

- [MinnesotaHelp.info](#)
- [Spoken Language Health Care Interpreter Roster](#)
- [State Statutes, Laws & Rules](#)
- [Washington Publishing Co](#)



Managed Care Organizations Process

- PrimeWest Health
- Blue Plus
- HealthPartners
- Medica
- Metropolitan Health Plan
- South Country Health Alliance
- Ucare
- Itasca Medical Care (Webinar)



Additional EIDBI Resources

- [EIDBI Policy Guide](#)
- [Minnesota Health Care Program Provider Directory](#)
- [EIDBI Provider Manual](#)
- You may send questions to the DHS Autism email inbox at: ASD.DHS@state.mn.us



Questions and Answers



Thank you for attending our session!

- Closing Remarks

